

EXHIBIT A

EEOC Form 5 (5/01)

CHARGE OF DISCRIMINATION		Charge Presented to: Agency(ies) Charge No(s):	
This form is affected by the Privacy Act of 1974. See enclosed Privacy Act Statement and other information before completing this form.		<input type="checkbox"/> FEPA	438-2017-00066
____ and EEOC		State or local Agency, if any	
Name (indicate Mr. Ms. Mrs.) Ms. Ashley Adams		Home Phone (Incl. Area Code) (978)-476-1993	
Date of Birth 04/25/1992			
Street Address 2332 Breckenridge Ct. Harrisonburg, VA 22801		City, State and ZIP Code	
Named is the Employer, Labor Organization, Employment Agency, Apprenticeship Committee, or State or Local Government Agency That I believe Discriminated Against Me or Others. (If more than two, list under PARTICULARS below.)			
Name Rockingham County (VA)		No. Employees, Members 50+	Phone No. (Include Area Code) (540)-564-3000
Street Address 20 East Gay St. Harrisonburg, VA 22802		City, State and ZIP Code	
Name		No. Employees, Members	Phone No. (Include Area Code)
Street Address City, State and ZIP Code			
DISCRIMINATION BASED ON (Check appropriate box(es).)		DATE(S) DISCRIMINATION TOOK PLACE	
<input type="checkbox"/> RACE <input type="checkbox"/> COLOR <input checked="" type="checkbox"/> SEX <input type="checkbox"/> RELIGION <input type="checkbox"/> NATIONAL ORIGIN		Earliest 05-01-2017	Latest November 2017
<input checked="" type="checkbox"/> RETALIATION <input type="checkbox"/> AGE <input type="checkbox"/> DISABILITY <input checked="" type="checkbox"/> OTHER (Specify below.)		<input type="checkbox"/> CONTINUING ACTION	
THE PARTICULARS ARE (If additional paper is needed, attached extra sheet(s)):			
Sex & Pregnancy Discrimination.			
Sexual Harassment (Since December 2014)			
Please, see attached document for further details.			
I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address or phone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures.		NOTARY – When necessary for State and Local Agency Requirements	
I declare under penalty of perjury that the above is true and correct.		I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief. SIGNATURE OF COMPLAINANT	
03-12-2018			
Date		Charging Party Signature	
SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE (month, day, year) March, 12, 2018			